

**INSTRUCTIONS FOR
SERVICE COMPANY APPLICATION
FORM NO. RWM-705**

In order to obtain a Service Company License, you must submit a complete signed application along with the appropriate fees. The license will be issued to the name appearing under Section B of this application. A business who employs registered technicians to place devices into service, remove out-of-order tags, inspect LPG meters or ranch scales must be licensed as a licensed inspection company. The business must also maintain liability insurance. A copy of a certificate of calibration for test standards certified by an approved laboratory must be on file with the Department.

SECTION A

1. TYPE OF APPLICATION

Check the box that identifies the application type. A new business application is an application for a business that has not held a TDA license or is a recently established business. A change of ownership application is an application where a business has been acquired from a previous owner or is an established business changing type (see below). If the most recent license account number is known please indicate in space provided.

2. BUSINESS TYPE

Check the box that identifies your type of business. Once submitted, this information cannot be changed. If you have to change in your business type, a new application will be required.

3. CLIENT INFORMATION

This information will be used to generate your license. Enter the full legal business name as it is registered. If applicable, also enter a Doing-Business-As (DBA) name. For in state businesses (except sole proprietors), a Comptroller Taxpayer ID is required. For out of state businesses and non-profit organizations, a Federal ID is required.

For sole proprietors applying for this occupational license, a social security number is mandatory and required by Texas Family Code § 231.302. Social security numbers are required to assist in child support enforcement. In the event the applicant does not have a social security number, an affidavit of no social security number (form OGC-001) must be attached and a driver license number or state-issued ID number provided. This form is available on our website www.agr.state.tx.us or by mail. Failure to provide a social security number or an affidavit of no social security number will result in rejection of your application and a license will not be issued to you.

SECTION B

1. RESPONSIBLE PERSON INSTRUCTIONS (see form)

2. RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

Indicate name of person responsible for the business. Enter contact information.

3. RESPONSIBLE PERSON MAILING ADDRESS

Enter mailing address for indicated responsible person. If a web address is available for company please provide (optional).

NOTE: The Person to Contact, named by the business in Section C of this form, is the preferred signatory of this application. That person may be the Responsible Person.

SECTION C

1. PERSON TO CONTACT FOR LICENSE-RELATED MATTERS

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues.

NOTE: The Person to Contact, named by the business, is the preferred signatory of this application. That person may be the Responsible Person.

All correspondence, licenses, and other documents will be sent to the Person to Contact at the mailing address listed below. If an e-mail address is listed, and e-mail is indicated as the preferred contact method, correspondence will be sent via e-mail.

In addition, the contact employee will receive, through regular mail, a login ID and password to access TDA's internet website. The contact employee will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information, and renewing their licenses. A business can appoint one contact person to manage online all of the company's licenses.

2. MAILING ADDRESS

Enter the address at which the Person to Contact receives general correspondence.

SECTION D

1. FACILITY INFORMATION

Enter facility name.

2. PHYSICAL ADDRESS OF FACILITY

Enter the actual physical street address of the licensee, licensed activities or the equipment, including directions to this location if the address is difficult to locate. Please do not enter a P.O. Box. This information will assist TDA inspectors in locating your business in the event that an inspection is needed.

SECTION E

1. OUT-OF-STATE APPLICANTS ONLY

Check either the Texas Secretary of State or the "Other" box and enter the resident agent's contact information. Only fill out the Resident Agent contact information if the Texas Secretary of State box is not checked. If the address provided in section A is out of state, agent information is required before a license can be issued

SECTION F

1. EQUIPMENT TO BE SERVICED

Please indicate which class(es) of equipment your company will service in the box(es) provided. The fee applies to each class indicated

If you indicated that you are an inspection company complete **SECTION G**. If you have not, move to **SECTION H**.

SECTION G (for Inspection Companies only)

1. EQUIPMENT TO BE INSPECTED

Please indicate which class(es) of equipment your company will inspect in the box(es) provided. For each class checked in this section, you must also check the corresponding class under **SECTION F**. The fee is applied to each class indicated. If applying for more than one class, add together all fees and indicate the amount remitted in the space provided in **SECTION H**.

2. INSURANCE INFORMATION

Please list the name of your insurance company and the name of your local insurance agency. Please list the name, address, business phone, and fax number of your local insurance agent in the spaces provided.

3. POLICY INFORMATION

Please list the number, effective date, expiration date and limits of your insurance policy in the spaces provided.

SECTION H

NOTE: Texas Department of Agriculture only accepts checks, cashier's checks, or money orders.

Fee is \$100 per Class.

1. PAYMENT

Check method of payment. Enter check number or money order number. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX. 78711-2076.

SECTION I

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested license.

SECTION J

Please note that an incomplete application may result in processing delays.

1. CHECKLIST

Check all boxes to verify you have completed the application process and attached/enclosed the necessary items (e.g., payment, reports, schedules, labels, etc).